Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084

Early On® Oakland Health Appraisal

_____ _____has been referred to
Child's Name *Date of Birth*

Early On® because of the following concerns: _____

As part of the Early On® evaluation we need to gather medical input from the child's health care provider. _____ has given us permission to contact you for information.
Parent(s)/Guardian Name

A current Early On® Oakland Request for Protected Health Information form is attached.

Date of last well child exam: _____
- ☐ No Concerns
- ☐ Concerns (explain) _____

Date of Vision Screening: _____
- ☐ No Concerns
- ☐ Concerns (explain) _____

Date of Hearing Screening: _____
- ☐ No Concerns
- ☐ Concerns (explain) _____

Are there any concerns regarding:

☐ Behavior	☐ Fine Motor	☐ Socialization
☐ Cognition	☐ Gross Motor	☐ Speech/Language

Current Medications: _____

Are immunizations up to date?
- ☐ Yes
- ☐ No

Date of first DTP: _____

Any developmental screenings (M-CHAT, ASQ, etc.) completed?
- ☐ Yes
- ☐ No

If so, please attach documents.
Comments: _____
_____
_____
_____

Health Professional's Signature: _____Date: _____

Please fax this form back within 7 days of receipt to:

_____ _____
name *fax number*